

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 5:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M43983** (9)

1. Corporation Name
NATIONWIDE TELECOMMUNICATIONS CORP.

Principal Place of Business Mailing Address

2601 BISCAYNE BLVD
POD 370308
MIAMI FL 33137

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POD 370308
MIAMI FL 33137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/30/1986** 3a. Date of Last Report **06/01/1994**

4. FEI Number **59-2747562** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 City, State, & Zip 28 City, State, & Zip

24 City, State, & Zip 25 City, State, & Zip 29 City, State, & Zip 30 City, State, & Zip

9. Name and Address of Current Registered Agent

**CAIRNS, TERRANCE V.
2601 BISCAYNE BLVD.
MIAMI FL 33137**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.01(2) and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0605, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

1.1 TITLE **DV**

1.2 NAME **GERSTEN, SHERRI**

1.3 STREET ADDRESS **2601 BISCAYNE BLVD.**

1.4 CITY, ST., ZIP **MIAMI FL**

2.1 TITLE **DP**

2.2 NAME **MILLER, ROGER**

2.3 STREET ADDRESS **2601 BISCAYNE BLVD.**

2.4 CITY, ST., ZIP **MIAMI FL**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST., ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST., ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST., ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST., ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST., ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST., ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST., ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST., ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST., ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST., ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.07(6)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *[Signature]* **Roger Miller** 4/28/95 305 876-6333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR